

## PART B—ISSUE FEE TRANSMITTAL

242-625.00

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
33M1/0821 RONALD KRANS DORF WOLF, GREENFIELD AND SACKS 600 ATLANTIC AVENUE BOSTON MA 02210	INVENTOR'S NAME STREET ADDRESS City, State and ZIP Code CO-INVENTOR'S NAME STREET ADDRESS City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (STAD)	EXAMINER AND GROUP ART UNIT	DATE MAILED
087382, 122	02/01/95	023	HARRIS, S	08/21/95
First Named Applicant				
ANDERSON, R. ROY				
TITLE OF INVENTION				
PERMANENT HAIR REMOVAL USING OPTICAL PULSES				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
00786/248001	606-009-000	D40	UTILITY	YES	\$625.00	11/21/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	WOLF, GREENFIELD & SACKS, P.C. _____ _____ _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed:
(1) NAME OF ASSIGNEE: The General Hospital Corporation	<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies
(2) ADDRESS: (CITY & STATE OR COUNTRY) Boston, MA	6b. The following fees should be charged to:
	DEPOSIT ACCOUNT NUMBER (ENCLOSE PART C)
	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies
	<input type="checkbox"/> Any Deficiencies in Enclosed Fees
	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
	(Authorized Signature) _____ (Date) 8/30/96
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

- A. ☐ This application is NOT assigned.  
☒ Assignment previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE